Health Inequalities - Early Years

Health and Social Care Alliance Scotland

1. How effective are early years interventions in addressing health inequalities?

It is clear from the Growing Up in Scotland report that disadvantage and inequality has a profound effect on a child’s health outcomes. The report found that:

“Significant inequalities exist with those in the most deprived areas, the lowest income households or routine and semi-routine households found to have worse health outcomes, and higher exposures to risks for poor outcomes, than their more advantaged counterparts.”

With the implementation of GIRFEC, being embedded within the Children and Young People (Scotland) Bill, there should be a positive change in addressing health inequalities in early years. As part of the GIRFEC approach, the SHANNARI indicators will allow for early intervention/identification of ‘risk’ areas to be acknowledged in the aspiration of successful outcomes for every child.

2. What are your views on current early years policy in Scotland in terms of addressing health inequalities?

The GIRFEC approach has demonstrated that initiatives often need to be embedded within legislation before statutory and non-statutory agencies start to take note and implement change. The child’s interests must be at the heart of the service delivery by supporting services to be accountable to the policies included within the Children and Young People (Scotland) Bill.

The ALLIANCE is supportive of the Curriculum for Excellence agenda that has transformed the education system to take a more holistic approach to learning. We believe that the principles of such a model could be replicated within the health service so that the wider implications of health inequalities can be tackled. By coordinating the efforts of health, education and social care in reducing health inequalities, a systematic approach could be harnessed to alleviate the duplication of interventions targeted towards children from deprived areas. In taking a combined approach the opportunity for the whole family to ‘slip through the net’ would be greatly reduced as there would be a joint investment in ensuring positive outcomes for the child. This would mean extending the team around the child in order to tackle community based disadvantage.

3. What role can the health service play in addressing health inequalities through interventions in the early years?

Encouraging and empowering young people to be the very best that they can be, in living with their health needs, practitioners must work in partnership with young people and the services they use to provide strategies and plans to support their outcomes. This would allow any inequality barriers to be overcome or not seem as insurmountable. It is important that health professionals act as a coordinator of support during the early years period to ensure that the family are enabled to care for their child effectively without the additional pressures of managing support services. It is hoped that the introduction of the Named Person in the Children and Young People (Scotland) Bill will establish a framework for putting such a provision in place.

4. What barriers and challenges do early years services face when working to reduce health inequalities?

There is a silo approach to tackling health inequalities which splits the child and family up into their component parts, such as health, education, housing, family skills, social care, and so on. This means that efforts to reduce health inequalities often fail to take full consideration of the underlying causes, while only tackling the symptoms. This is compounded by a fragmented budgetary system that limits early years settings from using their funding preventatively, instead only meeting the cost of crisis. This requires good communication and partnership working between child/parents/teacher and all involved agencies to work together addressing the GIRFEC well-being indicators and form a plan which will produce good positive outcomes for the child. Beyond the coordination of efforts to coproduce plans for children in their early years, the continued division between preventative health budgets situated in public health funding and local authority social care funding maintains the competitive approach to service design which puts children and families in the middle rather than coming together to address the root cause of their inequality.

5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?

- “Seen and not heard” – report and recommendations the ALLIANCE
- “I want to be treated the same as my brother” the ALLIANCE & For Scotland's Disabled Children (FSDC)